2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # L04000040720

1. Entity Name
TIDEWAY GOLF VIEW, L.L.C.

Principal Place of Business	Mailing Address
1440 N NOVA RD STE 305 HOLLY HILL, FL 32117	1440 N NOVA RD STE 305 HOLLY HILL, FL 32117

DO NOT WRITE IN THIS SPACE

04242007No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1210724
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WEBER, ALFRED R JR
1440 N NOVA RD STE 305
HOLLY HILL, FL 32117

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WEBER, ALFRED R
STREET ADDRESS	1440 N NOVA RD STE 305
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	MGR
NAME	WEBER, ALFRED R JR.
STREET ADDRESS	1440 N NOVA RD STE 305
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	MGR
NAME	WEBER, PATRICK
STREET ADDRESS	1440 N NOVA RD STE 305
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000751825
05/18/07-80118-016 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 4/30/07 386 285 0889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #